



CLASS WORKSHEET KINDERGARTEN IMMUNIZATION/HEALTH ASSESSMENT STATUS

Teacher's Name _____ Name of School _____

This form should be completed and forwarded to the principal's office.

A. Total kindergarten class enrollment: (A) _____
(A should equal B+C+D+E+F)

B. Number of students with valid Medical Exemptions (ME): (B) _____
(See definition on back)

C. Number of students with valid Religious Exemptions (RE): (C) _____
(See definition on back)

D. Number of students with complete immunization records on file: (D) _____
(Do not include ME/RE)
Each student must present an immunization record signed by a physician or local health department certifying that the student has received all the required vaccines

E. Number of students with no immunization record on file: (E) _____

F. Number of students who do not meet minimum immunization requirements: (F) _____
(Do not include ME/RE or students with no record on file)
This includes students past due and those in process of getting required vaccines.

List the students included in lines E & F (no record or not up to date) on the chart below:

REASONS FOR NOT MEETING REQUIREMENTS							
Name of Student(s) Not Meeting Requirements	(E) No Record On File	(G) Needs 1 or more dose(s) of DT/DTaP/DTP	(H) Needs 1 or more dose(s) of Polio	(I) Needs 1 or more dose(s) of MMR	(J) Needs 1 or more dose(s) of Hib	(K) Needs 1 or more dose(s) of Hep B	(L) Needs 1 or more dose(s) of Varicella
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
TOTAL							

M. Number of students who did not meet the minimum immunization requirements by the first day of attendance and were given 30 calendar days to meet requirements: (M) _____

I certify that the above information is correct to the best of my knowledge.

Teacher's/Nurse's Signature _____



Class Worksheet

Kindergarten Immunization/Health Assessment Status

- PURPOSE:** The report is required by NC State Law [G.S. 130A-155(c)]. It records the immunization status of all kindergarten students enrolled in public and private schools each fall. It also records the health assessment status of all kindergarten students enrolled in public and charter schools. The report must be completed annually.
- PREPARATION:** To be completed by the classroom teacher or the principal's designee. The immunizations should be reported as of calendar day 30 after the first day of attendance.
- DISTRIBUTION:** Each classroom teacher completes this form and forwards it to the principal's office. Each principal batches all the Class Worksheets, prepares a School Summary Report for his/her school, and submits the School Summary to the superintendent.
Note: Do not send copies of the Class Worksheet to the Immunization Branch.
- DISPOSITION:** Each school must keep a copy of this document for at least one year.

Note: School personnel must notify parents whose children do not meet minimum immunization requirements [G.S. 130A-155(a)]. Please remember that the law allows parents of un-immunized and under-immunized children only 30 calendar days after the child's first day of school to obtain immunizations and/or present proof of immunizations.

Minimum Requirements at Kindergarten Entry

Vaccine	Number Doses Required	Vaccine	Number Doses Required
Diphtheria, tetanus and pertussis (DT/DTaP/DTP)	5 doses*	Rubella	1 dose
Polio	4 doses*	Haemophilus Influenzae type B (Hib)	4 doses*
Measles	2 doses	Hepatitis B (Hep B)	3 doses
Mumps	2 doses	Varicella	2 doses

*These vaccines have age related conditions that may affect the required number of doses.
Please see www.immunize.nc.gov/schools/k-12.htm for information.

Medical Exemption: 130A-156

A valid Medical Exemption requires a signed statement from a physician licensed to practice medicine in North Carolina. The statement must explain the specific reason why each vaccine is detrimental to the child's health and the length of time the exemption will apply. Place a copy of the exemption in the student's permanent file. Do not submit a copy of the Medical Exemption to the NC Immunization Branch.

Religious Exemption: G.S. 130A-157

A child may be exempt when the parent or guardian submits a written statement explaining that it is against their *bona fide* religious belief to have their child immunized. Place a copy of the exemption in the student's permanent file. Do not submit a copy of the Religious Exemption to the NC Immunization Branch.

Kindergarten Health Assessment (KHA) Classroom Summary (not mandatory for private schools)

- N. Total number of kindergarten students enrolled in the class for the first time:** (N) _____
- O. Total number of kindergarten assessments on file for first time enrollees:** (O) _____
- P. Total number of repeating kindergarten students with KHA forms on file:** (P) _____
- Q. Total number of students who have religious exemptions for assessments:** (Q) _____
- R. Total kindergarten enrollment for your class:** (R) _____
(R should equal N + P and should be the same answer to A)
- S. Total number of students not in compliance with this law:** (S) _____
(S should equal R - (O + P + Q))